

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEIAL NO.
107018989 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5						
6		/		/		
7	/		/			
8		/		/		
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12		/				
13	/		/			
14	/		/			
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16	/		/			
17	/		/			
18	/		/			
19	/		/			
20		/		/		
21	(1)					
22	(1)					
23	(1)					
24	(1)					
25	(1)					
26	(1)					
27	/		/			
28	/		/			
29	/		/			
30	/		/			
31	/		/			
32	/		/			
33		/		/		
34	(1)					
35	(1)					
36	(1)					
37	(1)					
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47						
48						
49	/		/			
50	(1)					
TOTAL IND.	8					
TOTAL DEP.	42	↓	↓	↓		
TOTAL CLAIMS	50					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
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96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS			